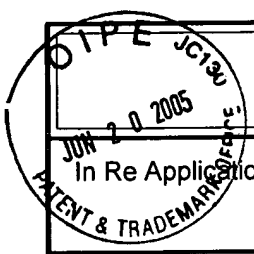


15W16144



**TRANSMITTAL LETTER
(General - Patent Pending)**

Docket No.
096937-0019

In Re Application Of: **Hans Klingemann**

Application No. 10/008,955	Filing Date 12/07/2001	Examiner Ronald B. Schwadron	Customer No. 38,939	Group Art Unit 1644	Confirmation No.
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Title: **NATURAL KILLER CELL LINES AND METHODS OF USE**

TO THE DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE:

Transmitted herewith is:

**Revocation of Power of Attorney and Appointment of New Power of Attorney (PTO/SB/82)
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in the above identified application.

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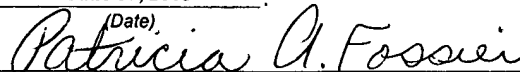


Signature

Dated: June 17, 2005

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

June 17, 2005

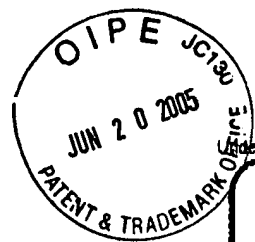
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Signature of Person Mailing Correspondence

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PTO/SB/82 (09-03)

Approved for use through 11/30/2005, OMB 0651-0036

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY

Application Number	10/008,955
Filing Date	12/07/2001
First Named Inventor	DR. HANS KLINGEMANN
Art Unit	1644
Examiner Name	RONALD B. SCHWADRON
Attorney Docket	096937-0019

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 38939☒ Please change the correspondence address for the above-identified application to:☒ The address associated with Customer Number:

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☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/98)**SIGNATURE of Applicant or Assignee of Record**

Name DR. HANS KLINGEMANN

Signature 

Date

6/17/05

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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